

**TRANSMITTAL  
FORM**

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/677,551
	Filing Date	October 2, 2003
	First Named Inventor	Barbachyn et al.
	Art Unit	1614
	Examiner Name	not yet available
Total Number of Pages in This Submission	Attorney Docket Number	01337.US1

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):  A return-receipt postcard is enclosed. Search Report and references
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Pharmacia & Upjohn Company, John H. Engelmann (28,075)		
Signature	<i>John H. Engelmann</i>		
Date	APRIL 9, 2004		

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Julie K. Lyons		
Signature	<i>Julie K. Lyons</i>	Date	April 9, 2004

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<b>LIST OF REFERENCES CITED BY APPLICANT</b> <i>(Use several sheets if necessary)</i>				Atty. Docket No.		Serial No.	
				01337.US1		10/677,551	
				Applicant      Barbachyn et al.			
Filing Date      10/2/2003				1614			
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Examiner Initial		Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate
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		Document Number	Date	Country	Class	Subclass	Translation
							Yes      No
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